

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/594265

FILING DATE  
6-7-6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	2					
4	2					
5						
6						
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8						
9						
10						
11			1			
12			0			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	11	←	17	←	←	
TOTAL CLAIMS	12		19			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						